

Vermont Mental Health Performance Indicator Project

DDMHS, Weeks Building, 103 South Main Street, Waterbury, VT 05671-1601 (802-241-2638)

MEMORANDUM

TO: Vermont Mental Health Performance Indicator Project
Advisory Group and Interested Parties

FROM: John Pandiani
Sheila Pomeroy
Janet Bramley

DATE: January 3, 2003

RE: Children's Diagnoses

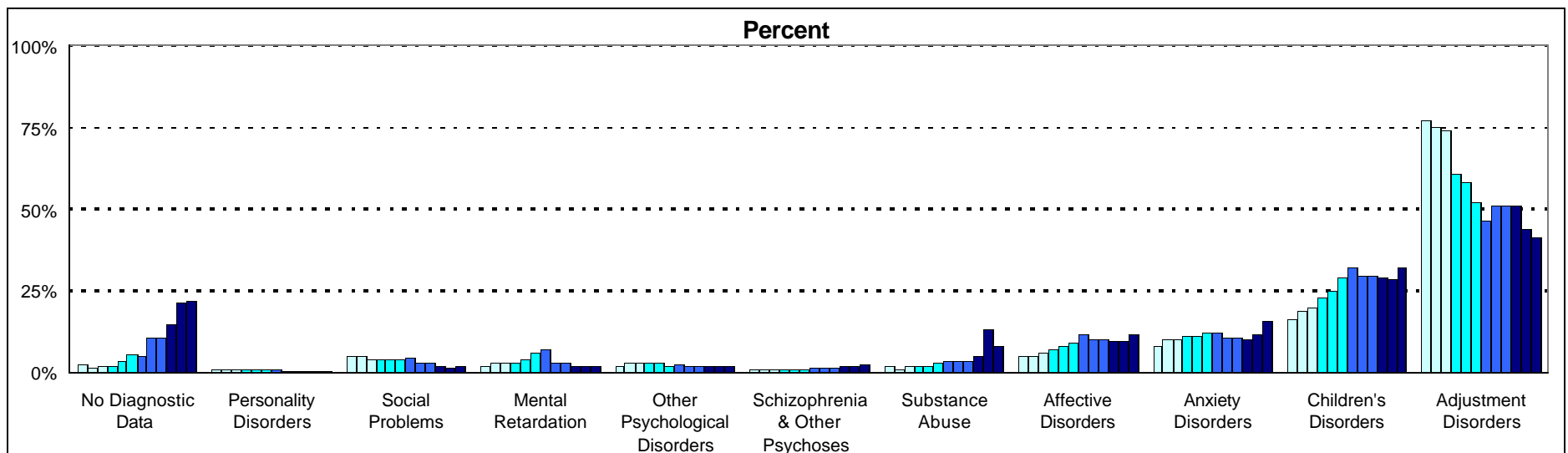
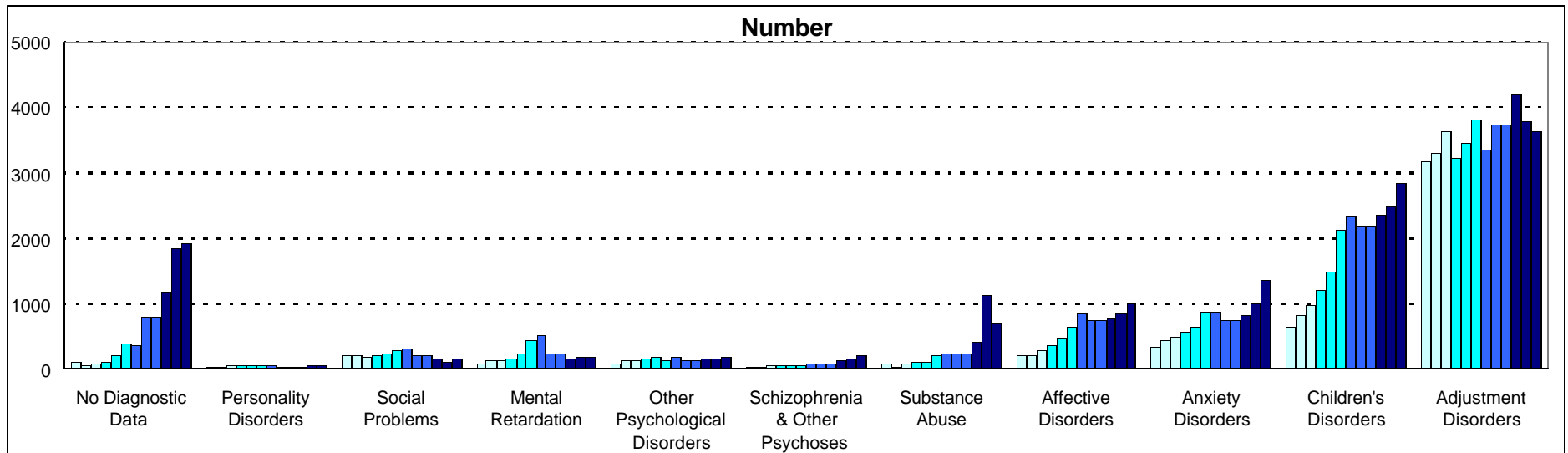
Psychiatric diagnosis is one of the most widely used criteria for categorizing recipients of mental health services. Diagnosis is required for purposes of reimbursement by Medicaid and other insurers, for government reporting, and is an important consideration in clinical evaluation and treatment planning. The attached page provides an overview of the psychiatric diagnoses applied to young people assigned to Child and Adolescent Mental Health Programs in Vermont during 1991 through 2002 in Vermont.

The diagnoses reported here were obtained from the monthly and quarterly service reports provided to DDMHS by the designated agencies. The diagnoses are reported in standard DDMHS reporting categories and include both primary and secondary diagnoses. For this reason, some individuals will be reported in more than one category. A list of the specific diagnoses included in each reporting category is attached.

As you will see, "Adjustment Disorders" has been the largest diagnostic category throughout the reporting period with the number of people in this category tending to increase slowly. The percentage of service recipients with a diagnosed adjustment disorder, however, decreased from 77% to 41% during the report period. The percentage decreased while the number increased because the total number of people served by Child and Adolescent programs increased substantially during the report period. The number of people served more than doubles, from 4,125 in 1991 to 8,802 in 2002. There was also a very large increase in the number diagnosed with "Children's Disorders" and there were smaller increases in the number diagnosed with anxiety and affective disorders. Substance abuse diagnoses increased substantially over the past three years. Interestingly, the number of service recipients with no reported diagnosis also increased substantially during the period covered by this report.

We will be interested in your comments regarding factors that may underlie the changes in diagnostic patterns reported here. Your comments and suggestions for further analysis to pip@ddmhs.state.vt.us or 802-241-2638 will be appreciated.

Diagnoses of Clients Served by Children's Services Programs At Community Mental Health Centers in Vermont: FY 1991 - FY 2002



Annual client counts based on quarterly and monthly service reports submitted to DDMHS by CMHC's. Figures reported include both primary and secondary diagnoses.

Vermont DDMHS

Standard Diagnostic Categories

Diagnostic categories included in this report are based on the American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM IV). Clients may receive more than one diagnosis. These clients will be reported under more than one diagnostic group. For this reason, the total number of diagnoses will exceed the total number of clients served. Specific diagnoses have been grouped into diagnostic categories according to the following specifications:

Schizophrenic and Other Psychotic Disorders:

- Schizophrenic Disorders (295.1x, 295.2x, 295.3x, 295.9x, 295.6x);
- Paranoid Disorders (297.10, 297.30, 297.90, 298.30);
- Autism (299.0x, 299.8x, 299.9x);
- Psychotic Disorders not Classified Elsewhere (295.40, 295.70, 298.80, 298.90).

Affective Disorders:

- Major Affective Disorders (296.2x, 296.3x, 296.4x, 296.5x, 296.6x);
- Other Specific Affective Disorders (300.40, 301.13, 311.00)
- Atypical Affective Disorders (296.70, 296.82).

Anxiety Disorders:

- Phobic Disorders (300.21, 300.22, 300.23, 300.29);
- Anxiety Neuroses (300.01, 300.02, 300.30);
- Post Traumatic Stress Disorder (300.00, 308.30, 309.81, 309.89).

Personality Disorders:

- Personality Disorders (301.00, 301.20, 301.22, 301.40, 301.50, 301.60, 301.70, 301.81, 301.82, 301.83, 301.84, 301.90);
- Factitious Disorders (300.16, 300.19, 301.51).

Adjustment Disorders:

- Adjustment Disorders (309.00, 309.23, 309.24, 309.28, 309.30, 309.40, 309.82, 309.83, 309.90).

Social Problems:

- Conditions Not Attributable to a Mental Disorder that are a Focus of Attention or Treatment (15.81, 61.10, 61.20, 61.80, 62.20, 62.30, 62.82, 62.88, 62.89, 65.20, 71.01, 71.02).

Substance Abuse:

- Substance Use Disorders (303.9x, 304.0x, 304.1x, 304.3x, 304.4x, 304.6x, 304.7x, 304.8x, 304.9x, 305.0x-305.7x, 305.9x);

Childhood Non-Psychotic Disorders:

- Attention Deficit Disorder (314.00, 314.01, 314.80);
- Conduct Disorder (312.00, 312.20, 312.90, 313.81);
- Anxiety Disorders of Childhood or Adolescence (309.21, 313.00, 313.21).

Other Psychological Disorders:

- Gender Identity Disorders (302.5x, 302.60, 302.85);
- Paraphilias (302.10, 302.20, 302.30, 302.40, 302.81-302.84, 302.90);
- Psychosexual Dysfunctions (302.70-302.76, 306.51);
- Other Psychosexual Disorders (302.00, 302.89);
- Psychological Factors Affecting Physical Conditions (316.00);
- Disorders of Impulse Control (312.31-312.35, 312.39).

Mental Retardation/Developmental Disorders:

- Mental Retardation (317.0x, 318.0x-318.2x, 319.0x);
- Specific Developmental Disorders (315.00, 315.10, 315.31, 315.39, 315.50, 315.90).